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**FISCAL IMPACT STATEMENT**

**LS 6524**

**BILL NUMBER:** HB 1067

**NOTE PREPARED:** Dec 5, 2002

**BILL AMENDED:**

**SUBJECT:** Insurance Matters.

**FIRST AUTHOR:** Rep. Pelath

**FIRST SPONSOR:**

**BILL STATUS:** As Introduced

**FUNDS AFFECTED:**     **GENERAL  
DEDICATED  
FEDERAL**

**IMPACT:** No Fiscal Impact

**Summary of Legislation:** This bill provides that an insurer that has adjusted a claim because of overpayment by the insurer is prohibited from submitting payment of the claim more than one year after the filing of the original claim.

The bill requires an insurer or a health maintenance organization (HMO), upon request, to make available to a provider the insurer's or HMO's reimbursement fee schedule.

The bill requires the Department of Insurance to prescribe a credentialing form. The bill also requires an insurer or an HMO to: (1) notify a provider about deficiencies in the provider's credentialing application; and (2) update the provider on the status of the credentialing application.

**Effective Date:** July 1, 2003.

**Explanation of State Expenditures:** The Department of Insurance is required to develop a credentialing form for providers. The Department should be able to develop this form with existing staff and not incur any additional expenses.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** Department of Insurance.

**Local Agencies Affected:**

**Information Sources:**

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